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CONFIRMATION NO. 7483

<b>SERIAL NUMBER</b> 10/673,077	<b>FILING OR 371(c) DATE</b> 09/26/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 071949-5407
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/371,149 02/20/2003 which is a CIP of PCT/US02/26604 08/20/2002 which claims benefit of 60/313,775 08/20/2001 and claims benefit of 60/334,964 11/30/2001 and claims benefit of 60/346,485 01/02/2002 and said 10/371,149 02/20/2003 is a CIP of 10/225,082 08/20/2002 which claims benefit of 60/313,775 08/20/2001 and claims benefit of 60/334,964 11/30/2001 and claims benefit of 60/346,485 01/02/2002

WC

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/29/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>WC</i>	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
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## ADDRESS

30542

## TITLE

Diagnostic markers of stroke and cerebral injury and methods of use thereof

<b>FILING FEE RECEIVED</b> 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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